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	Substitute for form 1449A/PTO			Complete if Known		
30				Application Number		
INFORMATION DISCLOSURE			OSURF	Filing Date		
STATEMENT BY APPLICANT				First Named Inventor	ZAWADZKI,A.	
SIAILMENT DI ALLEGANT				Art Unit		
		Use as many sheets as necass	ary)	Examiner Name		
Sheet				Attorney Docket Number	RAWADZKIA P. 1-03	
			II C DATENT	DOCUMENTS		
Examiner	Cite	Document Number	Publication Date	Name of Patentee o	Pages, Columns, Lines, Where	

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (F Incom)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pagas, Cotumns, Lines, Where Relevant Passages or Relevant Figures Appear
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